

**Department of Consumer Affairs
California Acupuncture Board**

**APPLICATION FOR
TRAINING PROGRAM APPROVAL**



**1747 North Market Blvd, Suite 180
Sacramento, CA 95834
Phone: (916) 515-5200
Fax: (916) 928-2204
www.acupuncture.ca.gov**

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SECTION I

APPLICATION FOR SCHOOL APPROVAL

All items of information are mandatory. If the information you are providing is further supplemented on an attached document (i.e., school catalog, forms, etc.), you may either identify each supplement by utilizing 'tabs' to reference the appropriate section in the application, or you may choose to place the supplemented information directly in back of the appropriate application section. Failure to provide any of the requested information will result in the application being considered as incomplete. The application will not be reviewed until all information requested has been received.

NOTE: If you are requesting approval for a **BRANCH** campus, you must file a separate school application. Branch campus' are considered institutions with independent administrative functions from the parent institution and it is usually located a fair distance away. Branch campus' typically accommodate independent admissions and student body; provides student counseling; has separate core faculty; carries a full TCM Program curriculum; and it is financially independent of the parent institution.

Whereas, satellite campus do not require a separate school application and are defined as training facilities that are within a short distance from the parent institution; administration and admission services are centralized at the parent institution; faculty is shared at both campuses; and students receive training at both the parent and satellite campuses; however, the majority of training is completed at the parent campus. In addition, satellite campuses do not offer a total TCM Program curriculum and these campuses may not always be financially independent of the parent institution.

APPLICATION DATE _____

NAME OF SCHOOL: _____

A. Address of the physical location of the school campus:

Street address: _____

City, State, Zip: _____

B. School phone number(s): () _____ () _____

Fax number: () _____ () _____

E-Mail: _____

C. Mailing address (if different from above):

Street address: _____

City, State, Zip: _____

SECTION II

ADMINISTRATION (Include an organizational chart as well as copies of resumes and job descriptions of all of the following):

A. Name and Title of School President/Director:

Direct Phone Number: _____ E-mail: _____

B. Name and Title of Contact Person or Administrator (if different from above):

Direct Phone Number: _____ E-mail: _____

C. Name and Title of Chief Administrative Dean:

Direct Phone Number: _____ E-mail: _____

Responsibilities: _____

D. Name and Title of Chief Academic Dean/Officer:

Direct Phone Number: _____ E-mail: _____

Responsibilities: _____

E. Name and Title of Registrar:

Direct Phone Number: _____ E-mail: _____

Responsibilities: _____

F. Name and Title of Chief Financial Officer:

Direct Phone Number: _____ E-mail: _____

Responsibilities: _____

SECTION III

OWNERSHIP / OFFICERS:

A. Type of Ownership: ☐ Individual ☐ Partnership ☐ Other

B. Name of Ownership (the Individual, Partnership [name partners]):

C. Enclose a copy of papers required to file in your state relating to ownership.

D. Board of Directors:

<u>Name</u>	<u>Title</u>	<u>Occupation</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

(i) How often do the Board of Directors meet?

(ii) Enclose copies of the Board Minutes for the past year preceding the date of your application.

E. Officers:

<u>Name</u>	<u>Title</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

SECTION IV

LEGAL AUTHORITY TO OPERATE THE SCHOOL

- A. Date of School Opening: _____
- B. Indicate the type of State approval you possess in order to operate (enclose a copy of each validated approval).
- Type of Approval: ☐ Full ☐ Conditional
- State Agency/Department granting this approval: _____
- Date approval was granted: _____ Date approval expires: _____
- C. Enclose a copy of the state requirements for approval/authorization from the above agency so that we may know at what level your school has been approved.

[The Acupuncture Board reserves the right to request any and all applications and reports at a later date.]

- D. Current student enrollment for each training or degree program(s):

<u>Program</u>	<u>Date Program Started</u>	<u>No. of Students Enrolled</u>	<u>Degree to be Awarded</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indicate the program(s) requested for Acupuncture Board approval:

SECTION V

ENROLLMENT OF STUDENTS

- A. Requirements for Admission to the Program (briefly describe the selection process for entering students beginning with receipt of the application forms and ending with enrollment. Cite all criteria for selection.)

- B. Are entrance requirements published in the school catalog? ☐ Yes ☐ No

(If not, where are the requirements listed? _____)

- C. How do you verify the admission requirements?

- D. Do you accept transfer credits for past education and/or experience received prior to admission to your school? ☐ Yes ☐ No

If yes, explain methods and criteria for such credit (attach additional pages as necessary):

E. Are all selection criteria established by official faculty/school authority? Please describe.

F. Enrollment (only for those students enrolled in the program that school is seeking approval for):

	<u>Total Students</u>	<u>1st Year Students</u>	<u>2nd Year Students</u>	<u>3rd Year Students</u>	<u>4th Year Students</u>	<u>Graduate Students</u>
20 _____	_____	_____	_____	_____	_____	_____
20 _____	_____	_____	_____	_____	_____	_____
20 _____	_____	_____	_____	_____	_____	_____
20 _____	_____	_____	_____	_____	_____	_____

G. Number of students to withdraw from Program in the four years: _____

H. Student fees charged by school:

1. Tuition per Academic Year (for full-time students): \$ _____

[Tuition per unit: \$ _____]

2. List all other fees:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL CHARGED BY SCHOOL \$ _____

SECTION VI

STUDENT AFFAIRS

A. Who is in charge of Student Affairs?

Name _____

Title _____

Direct Phone No.: _____ E-mail: _____

B. Student Records:

1. Where are central files kept that contain student records (e.g., Dean's or Registrar's Office)?

2. Please indicate which records are used and attach a sample copy of each form:

☐ Student Application (Transcripts, Letter of Recommendations, Interviews, Resumes, Exams, etc.)

☐ Academic Record

☐ Student Attendance Form

☐ Faculty Comments or Recommendations

☐ Student Contract

☐ Other - Please specify

3. What measures has the school taken to protect and prevent record loss in the event of fire/theft, etc.

4. Are all records available to each student for feedback on performance and/or correction of errors? ☐ Yes ☐ No Explain process:

5. Describe briefly how the student is evaluated (letter grade, pass-fail, or other methods):

6. Describe student grievance process:

7. Describe sexual harassment policy:

SECTION VII

EDUCATIONAL PROGRAM LEADING TO ACUPUNCTURE DEGREE (if more than one program is offered, describe the one being submitted for approval):

- A. Total duration of the program in weeks: _____
- Weeks in the first year: _____
- Weeks in the second year: _____
- Weeks in the third year: _____
- Weeks in the fourth year: _____
- Other year(s): _____
- B. Total number of hours required for graduation: _____
- C. Total number of years: _____
- D. Type of system school is on: ☐ Quarter ☐ Semester ☐ Trimester
- E. Number of weeks in a school term: _____
- F. Hours per credit/unit: _____
- G. Enclose a copy of the school catalog.
- H. Enclose a Course Schedule for the most recent and/or upcoming school term (see Appendix A).
- I. Enclose a Course Outline/Syllabus for each class offered in your school program (see Appendix B).
- J. Enclose copies of the forms used for student, instructor, and clinic supervisor evaluations.
- K. Describe the administration's evaluation mechanism process used to determine the effectiveness of the theoretical and clinical programs.
- L. Indicate how your curriculum meets the Acupuncture Board requirements by completing the form included as Appendix C.

[illegible]

SECTION VIII

FACULTY

- A. List all instructors and the courses they teach. Also include instructors at satellite campus(s) and clinic(s). Indicate whether instructors are employed full or part-time (attach additional sheets as necessary):

<u>Instructor</u>	<u>Degrees or Licenses</u>	<u>Course Title(s) and Number</u>	<u>Time Base FT / PT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- B. Attach the resume and current job description of each of the faculty member(s) who have responsibility for direction of each course, learning exercise, demonstration, clinical internship or other activity of the education program. This must include:

1. Full name and faculty title
2. Outline of educational experience
3. Previous occupational experience, including other schools
4. List of publications, if any
5. Other evidence of scholarly activity (e.g., research grants, fellowships)

- C. Attach a description of the criteria for faculty appointments.

- D. Attach a copy of your standard faculty contract.

- E. Do you have a faculty handbook? ☐ Yes ☐ No
If yes, please attach a copy.

SECTION IX

SCHOOL HISTORY AND CAMPUS

- A. Provide a brief history of the school campus (i.e., when it was opened, changes that have taken place through time, etc.)

- B. What is the school's projection for future growth?

C. Enclose a copy of the school's 'Mission Statement'

D. Teaching Facilities:

<u>List each Classroom</u>	<u>Location (Building Name)</u>	<u>Number of Seats</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Number and type of teaching aids (computers, projectors, recorders, etc.);

<u>Quantity</u>	<u>Type of Teaching Aid</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

F. School Facility: Attach photographs of the school's teaching facilities; other campus facilities; or pages from brochures, floor plans, and/or diagrams.

G. What is the process/policy for school advertisement. Please attach copies of advertisements for the past three years.

SECTION X

CLINICAL TEACHING FACILITIES

(On a separate sheet of paper, please provide the following information)

A. School Clinic

1. Name of Clinical Director and direct phone number
2. Ratio of clinical supervisors to students
3. Description of curriculum plan, how students are supervised, administered and evaluated at these sites.
4. Attach a description of an intern's clinical activities in relation to a typical working day performing the following: (a) Practice Observation; (b) Diagnosis and Evaluation; and (c) Supervised Practice
5. Do you have a clinic handbook for your clinical students?

☐

Yes

☐

No

If yes, attach a copy.

B. Satellite Campus

(Facilities owned and operated by the school that provide curriculum training)

1. Number of satellite campuses and clinical teaching facilities
2. Addresses
3. Name of Clinical Director and direct phone number
4. Ratio of clinical supervisors to students
5. Description of curriculum plan, how students are supervised, administered and evaluated at these sites.
6. Attach a description of an intern's clinical activities in relation to a typical working day performing the following: (a) Practice Observation; (b) Diagnosis and Evaluation; and (c) Supervised Practice.
7. Do you have a clinic handbook for your clinical students?

☐

Yes

☐

No

If yes, attach a copy.

C. Satellite Clinic

(Facilities that are owned and operated by the school for clinic training only)

1. Complete the Clinic Site Visit Form (Appendix D)
2. Full description of the protocol used for providing student supervision at each of the three stages of clinical instruction in your clinical program: (a) Practice Observation; (b) Diagnosis and Evaluation; and (c) Supervised Practice.
3. Percentage of all clinical instruction completed at clinic: _____ %
4. What type of grading mechanism is used for clinical instruction: (i.e., Pass/Fail or Letter-grade).
5. Attach a description of an intern's clinical activities in relation to a typical working day performing the following: (a) Practice Observation; (b) Diagnosis and Evaluation; and (c) Supervised Practice.
6. Do you have a clinic handbook for your clinical students?

☐

Yes

☐

No

If yes, attach a copy.

SECTION XI

HERBOLOGY

- A. Are Bulk Herbs available for student instruction? ☐ Yes ☐ No

If yes, how many different types? _____

Quantity of each herb? _____

Where is the Herb Dispensary located? _____

Herb Dispensary Manager's Name: _____

- B. Please describe your methods for enforcing quality control over herbs prescribed.
- C. Attach a list of your herbs by Chinese character and Latin pharmaceutical name.

SECTION XII

LIBRARY

A. Name of Librarian: _____

B. Total Number of Volumes in Library: _____

C. Number of Volumes by Language:

English	_____
Chinese	_____
Japanese	_____
Korean	_____
Other (specify)	_____

D. Number of books by Subject Matter:

_____	Western Sciences (Biology, Chemistry, Physics, Psychology, Anatomy, Physiology, Pathology)
_____	Nutrition and Vitamins
_____	Medical Terminology
_____	Clinical Sciences
_____	Western Pharmacology
_____	Traditional Oriental Medicine
_____	Diagnostic Procedures of Eastern and Western Medicine
_____	Philosophy of Eastern and Western Medicine
_____	Acupuncture Anatomy and Physiology
_____	Acupuncture Techniques
_____	Acupressure
_____	Qi Gong and Tai Chi Chuan
_____	Herbology
_____	Practice Management and Ethics

E. Attach a list of library books and journals in English (title, author, publisher and date of publication).

F. Number of Staff:

- | | | |
|----|-----------------------------|-------|
| 1. | Professional, Full-Time | _____ |
| 2. | Professional, Part-Time | _____ |
| 3. | Non-Professional, Full-Time | _____ |
| 4. | Non-Professional, Part-Time | _____ |

G. Facility:

- | | | |
|----|------------------------------------|-------|
| 1. | Library's total square-footage | _____ |
| 2. | Hours library is opened | _____ |
| 3. | Are the following areas available: | |
| a. | Reading Area | _____ |
| b. | Offices | _____ |
| c. | Staff Workspace | _____ |
| d. | Conference Rooms | _____ |
| e. | Audi-Visual Rooms | _____ |
| f. | Study Carrels | _____ |
| g. | Other (specify) | _____ |

SECTION XIII

RESOURCES: FINANCES (for past three (3) years)

A. Define Fiscal Year _____

B. Expenditures: List the top five major areas of expenditures (i.e., buildings, faculty, administrative staff, equipment).

<u>Summary of Operations</u>	Fiscal Yr _____ (Current Year)	Fiscal Yr _____ (Last Year)	Fiscal Yr _____ (Previous Year)
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

C. Income: List the top five major areas of income (i.e., regular operating programs, tuition fees, gifts, grants, research, etc.).

<u>Summary of Operations</u>	Fiscal Yr _____ (Current Year)	Fiscal Yr _____ (Last Year)	Fiscal Yr _____ (Previous Year)
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____
NET SURPLUS / DEFICIT:	\$ _____	\$ _____	\$ _____

D. Endowment (if any):

1. Estimated total current market value: \$ _____

2. Has the Corpus of Endowment been increasing or ☐ diminishing during the past five years?

E. Fiscal Reserves:

1. Operating Reserves \$ _____

2. Unexpectedly Restricted Funds:

Gifts \$ _____

Designated Funds \$ _____

F. Does the School have any standing indebtedness? ☐ Yes ☐ No

G. Deficit vs. Surplus:

Considering the past three years, what has been the trend in income-expenditures? If deficits have occurred, what has been the source of funds used to balance fiscal accounts? What are the prospects for the next five years?

H. Reduction/Increase of Income:

Do you anticipate any significant changes in any major source of income?

I. Operating income by source of funds:

Current Estimate
(most recent figures available)

Student Tuition and Fees	\$ _____
General School Funds	\$ _____
Gifts:	
Alumni	\$ _____
Voluntary Health Agencies	\$ _____
Foundations	\$ _____
Business and Industry	\$ _____
Individuals	\$ _____
Other:	
Professional Fees - Income from	
Faculty Clinical Practice	\$ _____
From Teaching Hospitals or Clinics	\$ _____
Sales or Service of Educational Departments	\$ _____
Auxiliary Enterprises	\$ _____
Recovery of Indirect Costs-All Sponsored Programs	\$ _____
Sponsored Teaching and Training Grants	\$ _____
_____	\$ _____
_____	\$ _____

J. Operating funds are administered by (mark the appropriate box):

- ☐ University
- ☐ Private Organizations
- ☐ Other

K. Summary of expenditures for the School (see Appendix E).

SECTION XIV

RESEARCH

- A. Describe any research institutes operated by or in close association with the school. Include the major emphasis of the institute, its source of funding, total professional staff, budget and relationship to the schools:

- B. Describe any interdepartmental research efforts not reported by individual departments:

- C. Total number of research projects undertaken by faculty:

<u>Title of Project</u>	<u>Principal Investigator</u>
<hr/>	<hr/>
<hr/>	<hr/>
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* * * * *

FORWARD ALL MATERIAL AND APPLICATION FEE OF \$1,500.00 TO:

**California Acupuncture Board
3969'P00 ctngv'Dnxf 0 Suite 3: 2
Sacramento, CA 95834**

APPLICATION FOR SCHOOL APPROVAL

CHECKLIST

- ☐ Application Fee: \$1,500.00 (Certified Check or Money Order made payable to the Acupuncture Board)
- ☐ 1 copy of the completed Acupuncture Board Application for School Approval that should include the following documents:
 - ☐ Administration Organization Chart, Resumes, and Job Descriptions (See Section II)
 - ☐ Ownership Document (See Section III)
 - ☐ Board Minutes (for one year) (See Section III)
 - ☐ State Approval to Operate School (See Section IV)
 - ☐ State Requirements for Approval/Authorization (See Section IV)
 - ☐ Student Record Forms (See Section VI)
 - ☐ School Catalog (See Section VII)
 - ☐ Course Schedule (See Section VII and/or Appendix A)
 - ☐ Course Outline/Syllabus (See Section VII and/or Appendix B)
 - ☐ Forms Used for Student, Instructor, and Clinic Supervisor Evaluations (See Section VII)
 - ☐ Evaluation Mechanism which Determines the Effectiveness of Theoretical and Clinical Programs (See Section VII)
 - ☐ How Curriculum Meets Acupuncture Board Standards (See Section VII and Appendix C)
 - ☐ Resumes and Job Descriptions for Faculty Members (See Section VIII)
 - ☐ Description of the Criteria for Faculty Appointments (See Section VIII)
 - ☐ Standard Faculty Contract (See Section VIII)
 - ☐ Faculty Handbook (See Section VIII)
 - ☐ School's Mission Statement (See Section IX)
 - ☐ Photographs of the School's Teaching Facilities; Other Physical Facilities; or Pages from Brochures, Floor Plans, and/or Diagrams (See Section IX)
 - ☐ Advertisements for the Last Three Years (See Section IX)

- ☐ School Clinic (See Section X)
- ☐ Satellite Campus (See Section X)
- ☐ Satellite Clinic (See Section X and/or Appendix D)
- ☐ Methods for Enforcing Quality Control Over Herbs Prescribed (See Section XI)
- ☐ List of Herbs by Chinese Character and Latin Pharmaceutical Name (See Section XI)
- ☐ List of Library Books and Journals in English (See Section XII)
- ☐ Summary of Expenditures for the School (See Section XIII and/or Appendix E)

APPLICATION PROCESSING

The time required to process a completed application depends upon a variety of factors, the most significant of which are the sufficiency of the program and the clarity of the application and supporting documents. For this reason, it is important that you assemble your application in a binder with a table of contents and tabbed index sections.

When an application is deemed complete by this office, an on-site inspection will be scheduled by the Education Coordinator. A written report will be presented to the Board regarding the findings of the site visit and the full Board will then make the final determination.

Total processing time may take six months to one year.

CURRICULUM SCHEDULE

YEAR: _____

TERM _____

<u>Course Number</u>	<u>Title</u>	<u>Hours</u>	<u>Unit/Credit</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL		<u> </u>	

TERM _____

<u>Course Number</u>	<u>Title</u>	<u>Hours</u>	<u>Unit/Credit</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL		<u> </u>	

TERM _____

<u>Course Number</u>	<u>Title</u>	<u>Hours</u>	<u>Unit/Credit</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL		=====	

TERM _____

<u>Course Number</u>	<u>Title</u>	<u>Hours</u>	<u>Unit/Credit</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL		=====	

COURSE OUTLINE / SYLLABUS

INSTRUCTOR'S NAME _____

COURSE NUMBER _____

COURSE TITLE _____

NUMBER OF CLASSROOM HOURS _____

PRE-REQUISITE(S) - (give course numbers) _____

TEXT BOOKS _____

OUTLINE OF WEEKLY COURSE CONTENT

CURRICULUM for _____ ACADEMIC YEAR _____
The Acupuncture Board Curriculum Requirements, per California Code of Regulations Section, 1399.434.
Criteria for approval of the Acupuncture and Oriental Medicine Training Programs (effective January 5, 2005)

Acupuncture Board Requirement	COURSE NUMBER (per school catalog)	CLOCK HOUR	COURSE UNIT
(a) Basic Sciences350 hours			
(1) General Biology;			
(2) Chemistry, including organic and biochemistry;			
(3) General Physics, including a general survey of biophysics;			
(4) General psychology, including counseling skills;			
(5) Anatomy—a survey of microscopic, gross anatomy and neuroanatomy;			
(6) Physiology---a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry;			
(7) Pathology and Pathophysiology—a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology;			
(8) Nutrition and vitamins.			

TOTAL CLOCK HOURS _____

Acupuncture Board Requirement	COURSE NUMBER (per school catalog)	CLOCK HOUR	COURSE UNIT
(b) Acupuncture and Oriental Medicine Principles, Theories and Treatment....1,255 Hours			
(1) Acupuncture and Oriental Medicine Principles and Theories			
(A) Oriental Medicine Principles and Theory;			
(B) Acupuncture Principles and Theory;			
(C) Oriental Massage (Tui Na or Shiatsu) Principles and Theory;			
(D) Chinese Herbal Medicine Principles and Theory, including relevant botany concepts (This subject area shall consist of at least 450 hours of instruction);			
(E) Acupuncture and Oriental Medicine Diagnosis;			
(F) Acupuncture and Oriental Medicine Specialties, including dermatology, gynecology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics, family medicine, traumatology, and emergency care;			
(G) Classical acupuncture and Oriental medicine literature, including Jin Gui, Wen Bing/Shang Han, Nei Jing;			
(H) Modern acupuncture and Oriental medicine literature.			
(2) Acupuncture and Oriental Medicine Treatment			
(A) Integrated acupuncture and Oriental medicine diagnostic and treatment procedures;			
(B) Acupuncture techniques and treatment procedures, including electroacupuncture;			
(C) Oriental massage (e.g., Tui Na or Shiatsu), acupressure and other techniques utilizing manual therapy and mechanical devices;			
(D) Exercise therapy, including breathing, qi gong and taiji quan;			
(E) Herbal prescription, counseling and preparation;			
(F) Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling;			
(G) Cold and heat therapy, including moxibustion and ultrasound;			
(H) Lifestyle counseling, and self-care recommendations			

(D) Exercise therapy, including breathing, qi gong and taiji quan;				
(E) Herbal prescription, counseling and preparation;				
(F) Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling;				
(G) Cold and heat therapy, including moxibustion and ultrasound;				
(H) Lifestyle counseling, and self-care recommendations				
(I) Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks;				
(J) Acupuncture micro therapies, including auricular and scalp therapy;				
(K) Hygienic standards, including clean needle techniques. The clean needle technique portion of this subject shall use as its primary reference the most current edition of the “Clean Needle Technique Manual” published by the National Acupuncture Foundation, or an equivalent standard, which has been approved by the Board. Students shall successfully complete the clean needle technique portion of the hygienic standards subject prior to performing any needling techniques on human beings;				
(L) Equipment maintenance and safety;				
(M) Adjunctive acupoint stimulation devices, including magnets and beads.				

TOTAL CLOCK HOURS _____

Acupuncture Board Requirement	COURSE NUMBER (per school catalog)	CATALOG PAGE NO.	CLOCK HOUR	COURSE UNIT
(c) Clinical Medicine, Patient Assessment and Diagnosis.....240 hours				
(1) Comprehensive history taking;				
(2) Standard physical examination and assessment, including neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat examinations, and functional assessment;				
(3) Pharmacological assessment, emphasizing side-effects and herb-drug interactions;				
(4) Patient/practitioner rapport, communication skills, including multicultural sensitivity;				
(5) Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporation the resulting data and reports;				
(6) Clinical reasoning and problem solving;				
(7) Clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses, and the World Health Organization’s international classification of diseases (ICD-9);				
(8) Awareness of at-risk populations, including gender, age, indigent, and disease specific patients;				
(9) Standard medical terminology;				
(10) Clinical sciences—a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition and public health;				
(11) Clinical medicine—a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy to familiarize practitioners with the practices of other health care practitioners with the practices of other health care practitioners.				

TOTAL CLOCK HOURS _____

Acupuncture Board Requirement	COURSE NUMBER (per school catalog)	CATALOG PAGE NO.	CLOCK HOUR	COURSE UNIT
(d) Case Management.....90 hours				
(1) Primary care responsibilities;				
(2) Secondary and specialty care responsibilities;				
(3) Psychosocial assessment;				
(4) Treatment contraindications and complications, including drug and herb interactions;				
(5) Treatment planning, continuity of care, referral, and collaboration;				
(6) Follow-up care, final review, and functional outcome measurements;				
(7) Prognosis and future medical care;				
(8) Case management for injured workers and socialized medicine patients, including a knowledge of workers compensation/labor codes and procedures and qualified medical evaluations;				
(9) Coding procedures for current procedural codes, including CPT and ICD-9 diagnoses;				
(10) Medical-legal report writing, expert medical testimony, and independent medical review;				
(11) Special care/seriously ill patients;				
(12) Emergency procedures.				

TOTAL CLOCK HOURS _____

Acupuncture Board Requirement	COURSE NUMBER (per school catalog)	CATALOG PAGE NO.	CLOCK HOUR	COURSE UNIT
(e) Practice Management.....45 hours				
(1) Record keeping, insurance billing and collection;				
(2) Business written communication;				
(3) Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1996 (HIPAA);				
(4) Front office procedures;				
(5) Planning and establishing a professional office;				
(6) Practice growth and development;				
(7) Ability to practice in interdisciplinary medical settings including hospitals;				
(8) Risk management and insurance issues;				
(9) Ethics and peer review.				

TOTAL CLOCK HOURS _____

Acupuncture Board Requirement	COURSE NUMBER (per school catalog)	CATALOG PAGE NO.	CLOCK HOUR	COURSE UNIT
(f) Public Health.....40 hours				
(1) Public and community health and disease prevention;				
(2) Public health education;				
(3) A minimum of eight (8) hours in first-aid and adult/child cardiopulmonary resuscitation (CPR) from the American Red Cross, American Heart Association or other organization with an equivalent course approved by the board;				
(4) Treatment of chemical dependency;				
(5) Communicable disease, public health alerts, and epidemiology.				

TOTAL CLOCK HOURS _____

Acupuncture Board Requirement	COURSE NUMBER (per school catalog)	CATALOG PAGE NO.	CLOCK HOUR	COURSE UNIT
(g) Professional Development.....30 hours				
(1) Research and evidence based medicine;				
(2) Knowledge of academic peer review process;				
(3) Knowledge and critique of research methods;				
(4) History of medicine				

TOTAL CLOCK HOURS _____

Acupuncture Board Requirement	COURSE NUMBER (per school catalog)	CATALOG PAGE NO.	CLOCK HOUR	COURSE UNIT
(h) Clinical Practice.....950 hours				
(1) Practice Observation (minimum 150 hours)—supervised observation of the clinical practice of acupuncture and Oriental medicine with case presentations and discussion;				
(2) Diagnosis and evaluation (minimum 275 hours)—the application of Eastern and Western diagnostic procedures in evaluating patients;				
(3) Supervised practice (minimum 275 hours)—the clinical treatment of patients with acupuncture and oriental medicine treatment modalities listed in the Business and Professions Code section 4927(d) and 4937(b).				
(i) A board approved training program shall consist of at least 2,050 hours of didactic and laboratory training and at least 950 hours of supervised clinical instruction. The course work shall extend over a minimum period of four (4) academic years, eight (8) semesters, twelve (12) quarters, nine (9) trimesters, or thirty-six (36) months.				

TOTAL CLOCK HOURS _____

TOTAL PROGRAM CLOCK HOURS _____

CLINIC SITE VISIT REPORT

☐ School ☐ Branch ☐ Satellite ☐ Tutorial

School Name _____

School Contact Person _____

Contact Person's Direct Phone # _____ e-mail _____

Clinic Name _____

Clinic Address _____

Clinic Phone # _____

Clinic Contact Person _____

Clinic Person's Direct Phone # _____ e-mail _____

Clinic Director's Name _____

Clinic Director's License No.: _____

Name of Clinic Supervisors

License Nos.

Average Number of Patients Seen at Clinic	
Average Number of Patients Seen by Interns Per Week	
What is the Supervisor/Intern Ratio at the Clinic?	
Does the clinic carry malpractice insurance for interns?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check documents used at the clinic (also identify other documents not provided below):

Attendance		Safety Guidelines / OSHA Standards	
CPR/Exam Requirement			
Progress Notes			
Record-Keeping Charts			
Intern Patient Log			
Soap-Notes			
Billing Records			
Intern Evaluation			
Supervisor Evaluation			

Clinic/Lab Equipment:

<i>Item</i>	<i>Quantity</i>	<i>Item</i>	<i>Quantity</i>
Treatment Rooms		Models	
Handwashing Facilities		Skeletons	
Acupuncture Tables		Electroacupuncture Machines	
Waste Containers		Stethoscope	
Waste Container Service		Sphygmomanometer	
Intern Work Area		Disposable Needles	
Reference Books		Autoclave	
Restrooms		Acupuncture Charts	
Herbs (Raw)		Cups	
Herbs (Patents)		Alcohol/Cotton	
Herbs (Bottled)		Patient Gowns	
Moxa			

What is the temperature setting of the room where the herbs are stored? _____

Is the humidity level of the room appropriate for storing herbs? ☐ Yes ☐ No

Do the herbs appear in good condition? If expiration dates are available, please verify _____

Are the disposable needles within expiration dates? ☐ Yes ☐ No

Sterilization Process—provide a copy of policies and procedures.

SUMMARY OF EXPENDITURES

[illegible]